

# WISAC 2000 Conference Registration Form

**Attendee Information:**

(please type or print carefully)

Name: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

FAX: \_\_\_\_\_

Email: \_\_\_\_\_

**Payment Information:**☐ Registration Fee: ..... \$250☐ Late Registration Surcharge ..... \$25**Total Paid/Charged** ..... \_\_\_\_\_**Payment Method:**☐ ..... **Check.**☐ Payable to: "The Aerospace Corporation".☐ Indicate "WISAC 00" on the check.☐ ..... **Cash**, payable onsite☐ ..... **Credit Card**. Please provide the following information:☐ VISA☐ Master Card☐ American Express

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Cardholders Signature: \_\_\_\_\_

Billing Address: \_\_\_\_\_

**Special Requests:**☐ I do not plan to attend the conference reception☐ I do not want my registration information published in the attendee's list☐ I require special meals, as indicated: \_\_\_\_\_**Please mail or fax the completed form to:**

WISAC Conference Registration

c/o Lornett Hill

The Aerospace Corporation MS M1/055

P. O. Box 92957

Los Angeles CA 90009-2957

FAX: (310) 336-2231

Email: [hill@aero.org](mailto:hill@aero.org)